

# Care Quality Commission

## Inspection Evidence Table

### Montague Medical Practice (1-540834489)

Inspection date: 13 June 2018

Date of data download: 24 May 2018

## Safe

### Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Partial – see notes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Partial
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No/partial' answers:  One of the ANPs told us they were trained to level three in safeguarding children however, the practice was unable to provide evidence that the three advanced nurse practitioners had attended safeguarding level three training.  We saw evidence that information was shared with social services and health visitors when required. The practice did not have any formal safeguarding meetings but any issues were discussed at the weekly partners meetings. The practice patient record system did not allow the sharing of patient records between the practice and the health visitors.	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Partial
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any 'Partial' answers:</p> <p>We checked three staff files and found that one had only one reference and another only one piece of photographic ID, both should have had two of each.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 21/01/2018	Yes
There was a record of equipment calibration Date of last calibration: 02/05/2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs – last drill 15/11/2017	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 01/05/2018
Actions were identified and completed. Yes	
Additional observations: Gas safety check done on 16/11/2017	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: 07/11/2017 Annual system maintenance check: 09/04/2018	Yes
Health and safety risk assessment and actions Date of last assessment: 07/11/2017	Yes
Additional comments: One action identified for the blinds to be fixed had been deferred until the refurbishment of the practice. This was scheduled to commence in November 2018. The risk associated with this action was low.	

Infection control	Y/N
<p>Risk assessment and policy were in place</p> <p>Date of last infection control audit: January 2016 – score was 86%. Hand hygiene audits had been completed in January 2018.</p> <p>The provider acted on any issues identified - Yes</p> <p>Detail: Infection control checks were completed weekly – checklists for Jan 2018 to June 2018 reviewed during the inspection.</p>	Yes
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	Yes
<p>Additional comments: The infection control audit was last completed in January 2016 which was not in line with national guidance which recommends annual audits be undertaken. The practice was clean and weekly IPC checks were carried out.</p>	

## Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
<p>Additional comments:</p> <p>Three GP partners had left the practice in the past couple of years and like other practices in the area they had found it difficult to recruit new GPs. The practice had therefore reviewed its skill mix and had employed three advanced nurse practitioners. They had also recruited a clinical pharmacist.</p> <p>Staff had access to guidance on management of sepsis on the clinical record system and guidance was available in all the clinical/consulting rooms and to the reception staff. Sepsis information was available for patients in the waiting area.</p>	

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

## Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). <b>(01/07/2016 to 30/06/2017)</b> <sub>(NHSBSA)</sub>	1.13	1.08	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. <b>(01/07/2016 to 30/06/2017)</b> <sub>(NHSBSA)</sub>	2.8%	6.2%	8.9%	Significant Variation (positive)

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Additional comments: When patients attended the spirometry clinic they were asked to bring their inhaler with them, on some occasions this did not happen so the health care assistant used an inhaler supplied by the practice. However, this meant patient specific directions (PSDs) were not in place (PSDs are written instructions specific to individual patients that have been produced in line with legal requirements and national guidance and contain specific criteria that HCAs must follow when administering certain medicines). We discussed this with the GP and practice manager and they were going to develop a protocol to ensure PSDs when required, were written for the spirometry clinic.	

### Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	13
Number of events that required action	13

### Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
GP completed a report for a patient. There was a patient registered at the practice with a very similar name and the GP had completed the report for the wrong patient.	GPs made aware of error and reminded to double-check demographic details prior to completing reports.
Child attended for pre-school immunisation and during the appointment mum requested a nasal flu vaccine. This was administered and when the nurse documented the immunisation they noticed the patient had already had the vaccination earlier in the year.	The nurse's immunisation training was checked and was up to date. The family were reassured by GP. It was reiterated to the nurse the importance of checking the record of immunisations and not relying on what the parents say.
Letters and blood forms had been sent to a patient for them to have their regular blood test monitoring. The practice received a phone call from the path lab to inform them a patient had turned up with another patient's blood form, which had been incorrectly posted out to the patient.	Incident was discussed with member of staff involved. Identified an issue with the printer trays in the admin office not being able to print the blood forms so the staff member did them separately. The practice identified two desks where this could be done more safely and the blood forms and letters could be printed together.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>There was an effective system in place with the practice manager taking responsibility for disseminating alerts to relevant staff. Alerts were sent to the relevant people including GPs and nurses who reviewed them and recorded whether action was required or not. If action was required this was assigned to an appropriate member of staff and it was recorded when this action was complete. Alerts were stored in a file which was accessible by staff should they need to refer to them.</p>	



# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.38	0.85	0.90	Variation (positive)

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	86.5%	83.2%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.5% (100)	12.5%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	70.0%	79.3%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.7% (91)	9.8%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	73.0%	81.2%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.5% (95)	15.6%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	80.6%	77.2%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.0% (96)	8.3%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	84.8%	90.2%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.2% (34)	12.8%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QOF)	85.5%	85.6%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.3% (139)	4.8%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	76.1%	88.9%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (2)	9.5%	8.2%	

### Any additional evidence or comments

QOF is a system intended to improve the quality of general practice and reward good practice.

The practice exception rates for some indicators were above the local CCG or national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) The practice had engaged an external company in January 2018 who had worked with practice staff to look at the reasons for this. For example, two practice nurses that did asthma and respiratory disease (COPD) reviews had left and one of the GPs had been doing them. Therefore, the practice had implemented stricter criteria for patients who did not attend appointments. They were sent three letters inviting them for review and if they did not attend they were exception reported resulting in a higher percentage. Also, some training needs had been identified for staff to ensure that details about the patients' condition were coded correctly in clinical records.

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	108	114	94.7%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	102	106	96.2%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	104	106	98.1%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	102	106	96.2%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	70.2%	78.6%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	73.5%	79.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	55.5%	63.1%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	73.3%	71.3%	71.2%	N/A

<b>Mental Health Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)	96.8%	93.2%	90.3%	Comparable to other practices
<b>QoF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	36.7% (18)	19.4%	12.5%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)	96.9%	92.2%	90.7%	Comparable to other practices
<b>QoF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	34.7% (17)	16.4%	10.3%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)	82.9%	85.0%	83.7%	Comparable to other practices
<b>QoF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.4% (9)	8.0%	6.8%	

### Monitoring care and treatment

<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>
Overall QoF score (out of maximum 559)	550	547	539
Overall QoF exception reporting	8.2%	5.9%	5.7%

## Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial
<p>If no please explain below:</p> <p>The Advanced Nurse Practitioners told us they regularly reviewed their clinical notes with the GPs however this was not documented. The practice told us they would introduce a formal monitoring tool for this.</p> <p>Any further comments or notable training:</p> <p>The practice nurses had completed required training, for example one was doing cervical smear training and another had completed the asthma diploma.</p>	

## Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.5%	95.6%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (12)	0.7%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	53.2%	52.2%	51.6%	Comparable to other practices

## Description of how the practice monitors that consent is sought appropriately

There were systems in place for recording both for written and verbal consent when appropriate. There was a consent protocol.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	Two
Number of CQC comments received which were positive about the service	Two
Number of comments cards received which were mixed about the service	Nil
Number of CQC comments received which were negative about the service	Nil

### Examples of feedback received:

Source	Feedback
Comments cards and questionnaires	We received two completed comments cards and 18 questionnaires that patients completed during the inspection. Feedback on the comment cards and questionnaires was positive about the service. Patients said the staff were helpful, friendly and kind.
NHS Choices	The NHS choices website showed ten comments had been posted in the past 12 months – four were positive and six negative. Two of the negative comments included feedback about the rudeness of staff. The practice manager had responded to the comments and invited the patients to contact them to discuss. The four positive comments included feedback on the professionalism of the staff and how they listened to patients.



## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	% of practice population	Survey Response rate%
9,232	231	102	1%	44.16%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	74.6%	85.4%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	89.7%	91.2%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	97.0%	97.2%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	91.2%	88.7%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	95.9%	93.9%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	93.8%	93.0%	90.7%	Comparable to other practices

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

Date of exercise	Summary of results
Friends & Family Feedback	There were Friends & Family (F&F) feedback forms and a box on the reception desk however the practice had received no completed forms in the past 12 months. The practice manager told us they were going to relocate the forms and box next to the

	self-check-in screen so it was more visible and raise awareness of the forms with patients. F&F feedback forms were also available on the practice website.
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## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patient questionnaires	Feedback from the 18 patient questionnaires that were completed during the inspection showed that patients felt they were involved in their treatment and were given explanations about their care. This concurred with the results from the National GP Survey results.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	85.0%	89.0%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	83.3%	84.7%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	96.8%	92.3%	89.9%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	93.0%	86.5%	85.4%	Comparable to other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Any additional evidence
The self-check in screen and practice website both had the facility to translate information into other languages. The practice had a large migrant population and information in relevant languages was displayed in the waiting area.

Carers	Narrative
Percentage and number of carers identified	The practice had identified 90 patients as carers, this was 1% of the practice population.
How the practice supports carers	A 'Community Link' worker (Social prescribing) worked in the practice one day per week. GPs and nurses could refer patients to the community link worker who would make contact with the patient/carer and invite them in for an assessment and offer the support and help they needed. Practice staff and the community link worker signposted patients/carers to a variety of services including voluntary organisations and support groups.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.  Information on local and national bereavement support was available in the waiting area.

## Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	There was self-check in screen for patients to use. Receptionists kept information requested to a minimum to assist in maintaining confidentiality.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Source	Feedback
CQC Questionnaires	We received 18 completed questionnaires that patients completed during the inspection, 17 patients said they were treated with dignity and respect by staff.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:00
Tuesday	08:00-18:00
Wednesday	08:00-18:00
Thursday	08:00-18:00
Friday	08:00-18:00

Appointments available
The practice had an 'on the day' appointment system. Patients contacted the surgery between 8am and 11am on the day they wished to be seen. The receptionist asked patients to provide a brief indication of why they were calling and then told the patient that one of the clinicians would ring them back to discuss their needs and arrange whatever care was necessary. Pre-bookable appointments were available for Monday and Saturday mornings.
Extended hours opening
Pre-bookable appointments were available on Saturday mornings.

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Requests for home visits were received via the telephone between 8am and 11am. Requests received after 11am were referred to the duty doctor. All requests for home visits were triaged by the duty doctor and recorded on the clinical system. The GP would determine if the visit was clinically necessary.	

## Timely access to the service

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	73.0%	79.7%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	35.3%	68.4%	70.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	66.2%	76.9%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	52.3%	74.0%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
Patient questionnaires	Feedback from the 18 patient questionnaires that were completed during the inspection showed that on the whole patients could get urgent same day appointments when they needed them. This concurred with the results from the National GP Survey results.

Any additional evidence
<p>The practice had changed its appointment system in 2017 and introduced a telephone 'triage' process. When patients rang the practice and their details were taken and if they agreed a brief history of why they were calling. Any urgent queries were highlighted for urgent assessment by a clinician. The patients were told that a GP or nurse would call them back later where an assessment of their needs was done. The patient would then be given appropriate advice or an appointment would be made. Informal feedback had shown that most patients were satisfied with the changes however, there had been six negative comments posted on the NHS choices website about the difficulty getting appointments and the new telephone triage system. The practice manager had responded to all the comments and had invited the patients to contact them to discuss their concerns. In their responses the practice manager had explained the new appointment system and why it had been introduced.</p> <p>The practice was planning to undertake a patient survey to gather views on the new system. A new</p>

telephone system was going to be installed as part of the refurbishment project that was commencing in November 2018. This would provide more lines into the practice, a choice of services in the practice allowing them to choose the one they wanted to access and a 'queuing' system to tell patients how many people were in front of them.

Patients could also submit queries and requests on line via the practice website and would receive a response by the end of the next working day.

### Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	16
Number of complaints we examined	Three
Number of complaints we examined that were satisfactorily handled in a timely way	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman	Nil
Additional comments:	
<p>In August 2017 a complaint was received relating to a telephone consultation which was investigated and one of the actions identified was to look at call recording so if issues occurred in the future this would assist in subsequent investigations. In January 2018 a complaint was received about the attitude of a member of the reception team. This was investigated and as the action from the previous complaint had been implemented the practice could use a recording of the telephone call as a learning tool during the investigation.</p>	

# Well-led

## Leadership capacity and capability

### Example of how leadership, capacity and capability were demonstrated by the practice

The GPs and business manager demonstrated a good understanding of their practice population and the needs of the population in the areas they provided services to.

Following the reduction in the number of GP partners the practice had reviewed the skill mix of staff and recruited three advanced nurse practitioners and a clinical pharmacist to support them in meeting patient's needs. The practice was also considering recruiting a physiotherapist to provide additional services.

## Vision and strategy

### Practice Vision and values

Staff told us there was a mission statement in place and they were aware of it, however this was not displayed in the practice. The practice leaders and the staff we spoke with described their vision and values however they were not documented.

## Culture

### Examples that demonstrate that the practice has a culture of high-quality sustainable care

Following a suggestion from staff a review of the spirometry process (a test for people with respiratory problems) was carried out. The service was amended and a new machine was purchased that uploaded results into patients records at the time of the test thus improving the timeliness of results and reducing the risk of results not been entered into patient records.

New lockable boxes were being purchased for the storage of emergency medicines. They would have tamper proof seals so staff would be able to see when they were doing regular checks if a seal had been broken and would then know that a medicine needed replacing.

### Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interviews and questionnaires	<p>We received feedback from 14 members of the nursing and non-clinical teams. Staff told us they felt they were a good team that worked well together and they were well supported by management. They said the GPs, and practice manager were approachable, helpful and willing to listen.</p> <p>Staff told us they were proud of working at the practice. Five staff felt communication could be improved between teams.</p>



## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	There was a comprehensive range of policies and procedures in place for example safeguarding, infection prevention and control and health and safety.
Other examples	Staff had completed mandatory and other training. There was a clear organisational structure in place. GP Leads had been identified for different areas of practice, for example, information governance and safeguarding.
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

## Managing risks, issues and performance

Major incident plan in place	Yes
Staff trained in preparation for major incident – staff had not had formal training but they were able to describe what would happen if an incident occurred, for example a loss of the clinical records system.	Yes

## Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Inability to recruit GPs	The practice had recruited three advanced nurse practitioners and a clinical pharmacist.  The practice was also participating in the International GP recruitment scheme.

## Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	Yes

## Any additional evidence

Relevant statutory notifications had been submitted to CQC when the registered manager for the practice had changed and when partners had joined or left the practice.

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

#### Feedback

The Patient Participation Group (PPG) was formed five years ago following a suggestion from a patient. Patients told us they had been involved in discussions about the extension and refurbishment the practice. The practice had discussed the new appointment system and asked the PPG what their views were. Feedback was mixed with some members saying the practice did not always share information about changes to the practice before they were made.

Meetings should be held quarterly but recently meetings were not taking place regularly.

## Continuous improvement and innovation

### Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
Audit to check if the practice was following current clinical guidelines by doing a specific blood test for patients taking medication that could cause kidney failure.	The first audit showed that of 49 patients taking the medication 21 had had the required blood test in the previous six months. A recall system was set up and a second audit three months later showed that improvements had been made. Of 49 patients, 47 had had the required blood test completed.
Audit to check that patients with a history of Hyperthyroidism who are at higher risk of developing further thyroid problems in the future, were having an annual check of thyroid function in line with current guidance.	The audit checked three groups of patients and in two of the groups all patients had had an annual check of their thyroid function. The third group showed 34 of 35 patients had had their thyroid function checked however this was as part of another review i.e diabetes, therefore these patients may not always get the thyroid test done. The practice put a code in the clinical records for these patients to ensure a history of thyroid problems was recorded. This would trigger the required blood test to be done annually.

#### Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

#### Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices. Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>